## U.S. Department of Odssire 0195-PBS Document 120 United States Marshals Service

## FileROWESSONECE POSAND RETURN

PLAINTIFF UNITED STA	ATES OF AME	RICA							COURT CASE NO CR-05-1019			
MICHAEL PINA AND DANIEL GOMES									TYPE OF PROCESS: Preliminary Order of Forfeiture			
SERVE	NAME OF INDIVID	UAL, COMPAN	Y, CORPORA	TION, ET	C. TO SERVE	OR DES	CRIPTION OF I	PROPERTY TO	SEIZE OR CONDE	MN:		
⇒ Direction	Michael C. Andrews, Esquire; Counsel for Michael Pina											
AT	ADDRESS (Street or RFD, Apartment No., City, State, and ZIP Code)											
	Law Office of 1	Michael C. A	Andrews, 2	21 Cust	tom House S	Street,	Suite 920,	Boston, M.	A 02110			
SEND NOTICE	OF SERVICE TO RI	EQUESTER A	T NAME AN	ND ADD	RESS BELOW	V: - — -		Number of pro with this Form	ocess to be served			
Kristina E. Barclav, Assistant U.S. Attorney United States Attornev's Office John Joseph Moakley United States Courthouse							! !	Number of pa in this case	rties to be served			
1 Courthouse Way, Suite 9200 Boston, MA 02210								Check for service on U.S.A.				
SPECIAL INSTI- Numbers, and Es	RUCTIONS OR OTH stimated Times Avail	IER INFORMA able For Servic	— — — .TION THA' e)	T WILL	ASSIST IN EX	rpedit	TING SERVIC	E (Include Bu	siness and Alterno	ite Ad	dress, All Telephone	
requested.	a copy of the attace. 04-ATF-001155		nary Orde	er of Fo	orfeiture upo	on the	above-name	ed individu	al via certified	mail	, return receipt  JLJ xt 3297	
Signature of Atto			DA' Dec	ΓΕ ember 7, 2007								
	SPACE BELO	W FOR US	SE OF ILS	S. MAI	RSHAL ON		DO NOT	WRITE RI	ELOW THIS	LINI		
ł acknowledge rece		l'otal Process	District of (		District to Ser				Deputy or Clerk		Date	
number of process i (Sign only first USM one USM 285 is suit	indicated.  M 285 if more than	No	No		No				——————————————————————————————————————		Date	
I hereby certify a individual, comp	and return that I I hand, corporation, etc.	ave personally . at the address	served. A h	ave legal	l evidence of se he individual, o	ervice, compan	have execu	ted as shown i , etc., shown a	in "Remarks", the	proces	ss described on the elow.	
I hereby certify	and return that I am un	able to locate the	individual, cor	прапу, сог	rporation, etc., na	amed abo	ove <i>(See remarks</i>	below).				
Name and title of in	dividual served (If not sl	hown above).						☐ A	n person of suitable as the defendant's usua	ge and	discretion then residing of abode.	
Address (complete	only if different than sho	own above)						Date of Sei	rvice  D  U.S. Marshal or De	Time	11:28 pm A7F 5H	
									STMALL	g	<del></del>	
Service Fee	Total Mileage Charges (including endeavors)  Forwarding Fee Total Cl		Charges	Adv	ance Deposits	Amount Ov	wed to US Marshal o		Amount or Refund			
REMARKS:	Hached	us p	ostal	Se	WiCe	+ +r	ockir	y re.	deliv	en	1	
PRIOR EDITIONS	MAY		1. CL	ERK C	OF THE CO	OURT			FORM	LISM	285 (Rev. 12/15/80)	

BE USED

□ USMS RECORD □ NOTICE OF SERVICE □ BILLING STATEMENT □ ACKNOWLEDGEMENT OF RECEIPT

Filed 02/13/2008



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Your item was delivered at 11:28 AM on MA 02110.	January 16, 2008 in BOSTON,	Enter Label/Receipt Number.				
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